



Attorney Docket No.: UCF-385

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Serial No.: 10/821,755

Applicant: KEVIN D. BELFIELD

Filed: 04/09/2004

For: TWO-FLUORESCENT TERNARY OPTICAL DATA STORAGE

Examiner: Martin J Angebranndt Group: 1756 Paper No. \_\_\_\_\_

**COMMISSIONER OF PATENTS AND TRADEMARKS**

P.O. Box 1450

Alexandria, VA 22313-1450

**PETITION AND FEE FOR EXTENSION OF TIME**

1. This is a petition for an Extension of Time for a total period of one (1) month to November 13, 2007 to respond to the Office Action mailed on July 17, 2007.

2. Please charge my Deposit Account No. 504188 in the amount of \$60.00 to cover the above fees.

In the event that the fees are insufficient or in excess of what is required the Commissioner is hereby authorized to charge any appropriate fees under 37 CFR 1.16, 1.17 and 1.21 that may be required by this paper including any underpayments, and to credit any overpayment

3. A response in connection with the matter for which this extension is requested is filed simultaneous herewith in the form of an Amendment Response.

Respectfully submitted,

  
Brian S. Steinberger  
PTO Registration No.: 36,423

10/23/2007 WASFAW1 00000085 504188 10821755

01 FC:2251 60.00 DA

Adjustment date: 03/31/2008 CKHLOK  
10/23/2007 WASFAW1 00000086 504188 10821755  
01 FC:1454 1410.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 03/25/08 2 Serial/Patent # 10/821,755

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition 1454		10/22/07	\$ 1,410.00
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,410.00	
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input checked="" type="checkbox"/>	Duplicate Payment	9	5 0 -- 4 1 8 8	
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Irvin Dingle</u>		TITLE: Paralegal		
SIGNATURE: <u>Irvin Dingle</u>		PHONE: 2-3210		
OFFICE: Petitions				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Clark</u>		DATE: <u>3/31/08</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
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